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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L70268**

1. Corporation Name
STEVEN G. ROSEN, CPA, P.A.

Principal Place of Business	Mailing Address
4875 N. FEDERAL HWY., 4TH FL. FT. LAUDERDALE FL 33308-4610	10736 NW 21ST ST CORAL SPRINGS FL 33071-4218 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/03/1990

2. Principal Place of Business	2a. Mailing Address
21 10736 NW 21ST ST	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 CORAL SPRINGS, FL	City & State 28
Zip / Country 24 33071-4218 25 ~~COUNTRY~~	Zip / Country 29 30

4. FEI Number: 65-0196853 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROSEN, STEVEN G. 10736 NW 21ST STREET CORAL SPRINGS FL 33071-4218	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	☐ DELETE	1.1 TITLE	PST	☒ Change ☐ Addition
NAME	ROSEN, STEVEN G.		1.2 NAME	ROSEN, STEVEN G	
STREET ADDRESS	4875 N. FEDERAL HWY., 4TH FL.		1.3 STREET ADDRESS	10736 NW 21ST STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071-4218	
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	ROSEN, STEVEN G.		2.2 NAME	ROSEN, STEVEN G	
STREET ADDRESS	4875 N. FEDERAL HWY., 4TH FL.		2.3 STREET ADDRESS	10736 NW 21ST STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071-4218	
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROSEN, MICHELLE		3.2 NAME		
STREET ADDRESS	10736 NW 21ST ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33071-4218		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven G. Rosen SIGNATURE REQUIRED 1/16/99 954-961-7540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #